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PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033

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REISSUE PATENT APPLICATION TRANSMITTAL

Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">08CL6929-4</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor</td> <td style="padding: 2px;">Niles R. Rosenquist</td> </tr> <tr> <td style="padding: 2px;">Original Patent Number</td> <td style="padding: 2px;">5,367,944</td> </tr> <tr> <td style="padding: 2px;">Original Patent Issue Date (Month/Day/Year)</td> <td style="padding: 2px;">11/22/1994</td> </tr> <tr> <td style="padding: 2px;">Express Mail Label No.</td> <td style="padding: 2px;">EL988083174US</td> </tr> </table>	Attorney Docket No.	08CL6929-4	First Named Inventor	Niles R. Rosenquist	Original Patent Number	5,367,944	Original Patent Issue Date (Month/Day/Year)	11/22/1994	Express Mail Label No.	EL988083174US
Attorney Docket No.	08CL6929-4										
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Original Patent Number	5,367,944										
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Express Mail Label No.	EL988083174US										
APPLICATION FOR REISSUE OF: <input checked="" type="checkbox"/> Utility Patent <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent <i>(Check applicable)</i>											
APPLICATION ELEMENTS (37 CFR 1.173) 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/ SB/ 56) <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) <i>(37 C.F.R. 1.175) (PTO/SB/51 or 52)</i> 6. <input checked="" type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>(If Yes, check applicable box(es))</i> <input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	ACCOMPANYING APPLICATION PARTS 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input type="checkbox"/> Information Disclosure Statement (IDS) (PTO-1449) <input type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: _____ _____ _____										
18. CORRESPONDENCE ADDRESS											
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NAME (Print/Type)	Peter R. Hagerty	Registration No. (Attorney/Agent)	42,618
Signature		Date	9/03/03

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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09/03/03



PTO/SB/56 (06-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number 08CL6929-4			
Claims as Filed - Part 1									
Claims in Patent		Number Filed in Reissue Application		(3) Number Extra		Small Entity Rate Fee		Other than a Small Entity Rate Fee	
(A) 4	Total Claims (37 CFR 1.16(i))	(B) 5	****	=	x\$ 9 =	\$0	x\$ 18 =	\$0	
(C) 1	Independent claims (37 CFR 1.16(i))	(D) 1	.	=	x\$ 42 =	\$0	or x\$ 84 =	\$0	
Basic Fee (37 CFR						\$375			\$750
Total Filing Fee						\$375			\$750
Claims as Amended - Part 2									
(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For		(3) Extra Claims Present		Small Entity Rate Fee		Other than a Small Entity Rate Fee	
Total Claims (37 CFR 1.16(i))	***	MINUS	**	=	x\$ 9 =	\$0	x\$ 18 =	\$0	
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x\$ 42 =	\$0	x\$ 84 =	\$0	
Total Additional Fee						\$0	OR		\$0

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.

☒ Please charge Deposit Account No. 07-0862 in the amount of \$750.
A duplicate copy of this sheet is

☒ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 07-0862.
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

9-03-03
Date


42,618
Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record
 Peter R. Hagerty
 Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)			Docket No. 08CL6929-4
Applicant(s): Rosenquist			
Serial No. Pat. N . 5,367,044	Filing Date Issue Date 11/22/1994	Examiner	Group Art Unit
Invention: BLOW MOLDED ARTICLE MOLDED FROM A COMPOSITION COMPRISING A RANDOMLY BRANCHED AROMATIC POLYMER			
<p>I hereby certify that the following correspondence:</p> <div style="border: 1px solid black; padding: 5px;"> Reissue Patent Application Transmittal (1 pg); Reissue Application Fee Transmittal Form (1 pg); Specification and Claims in double column copy of patent format (3 pgs); Reissue Application Declaration by the Assignee (2 pgs); Associate Power of Attorney (1 pg); Reissue Application: Consent of Assignee; Statement of Non-Assignment (1 pg); Statement Under 37 CFR 3.73 (b) (1 pg); Preliminary Amendment (3 pgs); Ribboned Original Patent Grant </div> <p style="text-align: center; font-size: small;"><i>(Identify type of correspondence)</i></p> <p>is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>September 3, 2003</u> <small>(Date)</small> </div> <div style="text-align: center;"> <u>Rebecca L. Blake</u> <small>(Typed or Printed Name of Person Mailing Correspondence)</small>  <small>(Signature of Person Mailing Correspondence)</small> <u>EL988083174US</u> <small>("Express Mail" Mailing Label Number)</small> </div> </div>			
<p>Note: Each paper must have its own certificate of mailing.</p>			